

Please call patient to schedule

Personal Injury or Medical Lien

Patient's Name Last First MI Birthdate / /

Patient's Phone Home Cell Work Email

Insurance (type) (Policy #) Group # (Authorization #)

Physician's Name (print) First Last Practice Name & Address Required Physician's Signature (No stamps allowed) Date

Exam requested Previous related studies? If so, where?

Reason for exams/symptoms

This order authorizes Raleigh Radiology to perform lab procedures on patients as deemed medically necessary.

Specific protocol needs

If STAT, please check

- Fax STAT
- Call STAT Report, patient may leave
Phone # _____
- Call STAT Report, patient waiting
Phone # _____

- RR to obtain authorization
- Clinical notes attached
- ICD-10 code(s)

- CDS # _____

Ultrasound X-ray Large Bore MRI/MRA

- Ultrasound**
- Abdomen
 - Aorta
 - Appendix
 - Renal
 - RUQ (Liver/Gallbladder)
 - Testicular
 - with Doppler evaluation
 - Pelvis TA Only
 - Pelvis TVP if indicated
 - TVP Only
 - Check if you want Doppler evaluation
 - Neonatal Head
 - Neonatal Hips
 - Neonatal Spine
 - Pyloric Stenosis
 - Thyroid
 - FNA
 - Cyst Aspiration
 - Breast (Blue Ridge & Cary)
 - Other _____
 - HSS (LMP _____)
 - OB (EGA _____)
 - Abdominal Sonogram with liver elastography
 - Complete
 - Limited
 - Other _____

- X-ray**
- Select if applicable: Left Right
- Sinuses
 - Chest
 - Ribs
 - Pelvis
 - Abdomen KUB specify _____
 - Other _____
 - Spine
 - C T L
 - Extremity

- Fluoroscopy**
- *Blue Ridge & Cary*
- Barium Swallow*
 - Upper GI*
 - Small Bowel*
 - Barium Enema*
 - IVP
 - HSG* (LMP _____)

- Therapeutic Joint Injection**
- Joint Injection (Arthrogram - refer to specific section CT or MRI) specify _____ Left Right
 - CT Guided Epidural Steroid Injections (Please circle level C T L S)
 - Other _____

- CT Lung Screening**
- CT Lung Screening (Asymptomatic)
 - Pack/year history (20+): _____
 - Referrer NPI: _____
 - Age: 50-80
 - Smoking Status: Current Former _____ # of years since quitting
- By signing this order, you certify you have completed the shared decision making process with the patient*

- DEXA**
- Bone Density
 - Full Body Scan (Vertebral fracture assessment performed if indicated)

- Vascular Ultrasound**
- Arterial Duplex will be performed w ABI as medically indicated
- Select if applicable: Left Right
- Venous Duplex (Legs/Arms)
 - Venous Reflux (Legs)
 - Arterial Duplex (bilateral legs)
 - Arterial Duplex (Arms)
 - ABI
 - Other _____
 - Arterial Aorta
 - Carotid Duplex
 - Renal arteries
 - Hepatic/Portal Duplex
 - SMA/Celiac Duplex

- Nuclear Medicine (Blue Ridge)**
- Thyroid Uptake & Scan
 - Thyroid Scan
 - Thyroid Therapy I-131
 - Thyroid Carcinoma Metastasis Whole Body Scan
 - Parathyroid Scan
 - HIDA Scan Only
 - HIDA Scan with CCK
 - Gastric Emptying
 - Rest MUGA
 - Bone Scan (whole body)
 - Bone Scan (limited bone scan) Site: _____
 - Bone Scan 3 Phase
 - Renogram
 - Renogram with Lasix
 - Meckels Scan
 - Liver Spleen Scan
 - Breast Lymphoscintigraphy

- Interventional Procedures**
- UFE (Uterine Fibroid Embolization)
 - PAE (Prostate Artery Embolization)
 - Kyphoplasty
 - Sacroplasty
 - Port Check
 - Port Placement
 - Port Removal
 - IVC Filter Placement
 - IVC Filter Removal
 - Interventional Consultation

Please include CREATININE levels and dates for all patients with acute or chronic renal failure, hx of kidney transplant. Lab work is current within 3 months. Creatinine _____ Draw Date _____

We can provide MRI services to patients with MRI compatible Pacemakers and/or defibrillators.

- Select if applicable:
- Right Left w/Arthrogram
 - IV Contrast as medically indicated w/o IV contrast w & w/o IV contrast w/ IV contrast

- Brain
- Orbits/Face
- Brain w/ IAC
- TMJ
- Neck (Soft tissue)
- C-Spine
- T-Spine
- L-Spine
- Breast MRI
 - Screening
 - Implant Integrity/Rupture
 - Staging
- Abdomen
- Enterography
- Pelvis (soft tissue)
- Prostate
- MRCP
- Shoulder
- Elbow
- Wrist
- Hand
- Bony Pelvis
- Hip
- Knee
- Ankle
- Foot
- MRA Brain
- MRA Neck
- MRA Aorta
- MRA Abdomen
- MRA Run off
- MRV
- Other _____

CT/CTA Breast Imaging

Please include CREATININE levels and dates for all patients with acute or chronic renal failure, hx of kidney transplant. Lab work is current within 3 months. Creatinine _____ Draw Date _____

- Contrast as medically indicated w/o contrast w/contrast w & w/o contrast

- Brain
- Facial Bones
- Orbits
- Sinus
- CT Sinus for Intraoperative Guidance (Specify protocol _____)
- Neck soft tissue
- Chest (CT Lung Screening refer to specific section)
- Abdomen
- Abdomen & Pelvis
- CT Calcium Scoring
- Pelvis
- Enterography
- Renal Stone
- Urogram
- C-spine
- T-spine
- L-spine
- Extremity 3D Left Right (Specify _____)
- CTA Head
- CTA Neck
- CTA Chest
 - Aneurysm
 - Pulmonary Embolism
- CTA Abdomen & Pelvis
 - Pre-stent
 - Post-stent
- CTA Runoff (aortic bifurcation to ankles)
- CTA Abdomen w/ runoff (diaphragm to ankles) (Abdominal w/lower Ext, bilateral)
- CT Arthrogram
 - Left Right
- Other _____ (Joint _____)

- Breast Imaging**
- Screening Mammo 2D 3D
 - Add views and/or US if medically needed
 - FAST Breast MRI Screening
 - Bilateral Diagnostic w/US if medically indicated
 - Unilateral Diagnostic w/US if medically indicated Left Right
 - Breast Biopsy (Blue Ridge & Cary) Stereotactic Ultrasound Guided
 - Breast Ultrasound Left Right (Area _____) (with mammogram if medically indicated)



State Of The Art Everything. Straight From The Heart Care.



Raleigh Radiology Blue Ridge
3200 Blue Ridge Road, Suite 100
Raleigh, NC 27612

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150 Parkway Office Court, Suite 100
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Clayton, NC 27520

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Fuquay-Varina, NC 27526

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Holly Springs, NC 27540

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Raleigh Radiology Wake Forest
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Visit our website to view our current evening and weekend service offerings.
www.raleighrad.com

SCHEDULING:

PHONE 919.781.1437
FAX 919.787.4870

	Blue Ridge	Cary	Clayton	Fuquay-Varina	Holly Springs	Knightdale	Midtown	Oberlin	Wake Forest
Bone Density (DEXA)	●	●	●	●	●	●	●	●	●
CT	●	●	●	●		●	●	●	●
Cardiac Calcium CT Scoring	●	●	●			●	●	●	●
3D Mammography™	●	●	●	●	●	●	●	●	●
Fluoroscopy	●	●	●				●		●
Nuclear Medicine	●								
MRI/MRA	●	●	●	●	●	●	●	●	●
Pediatric Imaging	●	●	●	●	●	●	●	●	●
Therapeutic Joint Injection	●	●	●				●		●
Ultrasound	●	●	●	●	●	●	●	●	●
Vascular Ultrasound	●	●	●	●	●	●	●	●	●
Vascular and Interventional Services and Consultations	●	●							
Varicose and Spider Vein Treatments	●	●							
Walk-in Screening Mammograms			●		●		●	●	
Walk-in X-Ray	●	●	●	●	●	●	●	●	●

● Some Offerings Available
Services may change. Please call for most current offerings.